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Country note**

Bhutan

Summary

The Executive Director presents the country note for Bhutan for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Bhutan has made great strides towards human development and in meeting the rights of children since it opened up to the modern world in 1961. From virtually no immunization coverage in the late 1970s, Bhutan has reached 88 per cent coverage by 1999. The under-five mortality rate dropped from 162 per 1,000 live births in 1977 to 107 in 1999. The maternal mortality ratio decreased from 773 per 100,000 live births in 1984 to 380 in 1994. The total goitre rate has decreased from 63 per cent in 1983 to 14 per cent in 1996 owing to the government commitment to universal salt iodization. From 1989 to 1999, the incidence of stunting among children dropped from 56 to 40 per cent, under weight from almost 38 per cent to less than 19 per cent, and wasting from 4 per cent to less than 3 per cent. Malnutrition is now more prevalent in the eastern and southern parts of the country. Access to safe water has reached 65 per cent, and sanitation coverage a high of 82 per cent. The gross enrolment ratio at primary school level is estimated at 72 per cent, with boys at 82 per cent and girls at 62 per cent. Average life expectancy in Bhutan increased from 46 years in 1977 to 66 years in 1994. Economic trends

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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indicate growth averaging almost 6 per cent per annum between 1990 and 1998. In 1999, Bhutan spent 25 per cent of government expenditure on basic social services. Social studies indicate no legal or apparent social discrimination against women.

2. Bhutan's development framework is guided by the concept of Gross National Happiness, a holistic development vision that places people's happiness at the centre of all development efforts, and seeks to balance economic with human development, good governance, cultural preservation and environmental sustainability. This concept was expounded in the Bhutan 2020 Vision document published by the Planning Commission to guide future development plans, including the Ninth Five-Year Development Plan (July 2002 to June 2007). The first State Party report to the Committee on the Rights of the Child was submitted in April 1999, indicating that human rights in general are synchronous with Buddhist principles. The report will be reviewed in early 2001. The Government has established a Child Rights Task Force comprising officials from various ministries. The Convention on the Elimination of All Forms of Discrimination against Women was ratified in 1981, and the country report is being finalized.

3. In 1998, His Majesty the King devolved power to an elected Council of Ministers, signalling increased openness and democratization. An extensive process of local-level consultation ensures widespread public input into the national planning process.

4. Amidst this generally positive backdrop are challenges that still need to be met. The difficult terrain, the high population growth rate (3.1 per cent) and the rapid rural-urban migration, estimated at 7-10 per cent per year, pose major challenges to development. While the number of women in the political arena and other decision-making levels has increased in recent years, there is a need to further encourage more representation. Although enrolment is almost at gender parity, there are increased drop-out rates among girls at the higher levels of schooling. Data are available in averages, which do not show geographical, gender and age disparities. These distinctions are necessary to provide a sharper focus for programme interventions and to promote equity. There are growing concerns about disenchanted youth who have finished primary schooling, but cannot continue with their education nor get gainful employment. There is an increasing gap in access to information, widening the "digital" divide. Children's rights to survival, growth and development are still not fully realized. There is a lack of knowledge and services for the early childhood years. Little expertise exists in nutrition, and there is an emerging threat of HIV/AIDS. Development activities are being affected in certain areas of the country where internal harmony has been disrupted.

Lessons learned from past cooperation

5. Bhutan is at a crossroads of development after four decades of planned growth, moving from issues of survival and access to basic social services to include actions for enhancing the quality of life. Emphasis is shifting to ensuring the quality of social services and the wholesome development of the child (cognitive, emotional and spiritual) through opportunities for leisure, participation and appropriate vocational training after primary schooling. UNICEF advocacy for early childhood care and development (ECCD) has resulted in the government decision to place greater emphasis on the early years of the child. Priority areas include ensuring the

sustainability of achievements, decentralization, reaching the unreached groups (including children with special needs) and child rights. Until 1999, awareness of child rights was limited to some key government sectors. UNICEF has since spearheaded advocacy and discussion on issues of children's rights, with renewed momentum provided by the submission of the State Report on Child Rights. Such activities helped lay the basis for UNICEF to begin strategy discussions with the Government and other partners for the 2002-2006 country programme.

6. There is concern that the quality of education may have been sacrificed in the national push for universal primary education, which has also resulted in a large group of unemployed young people who cannot continue studying. Employment and vocational training have become government priorities. In areas of success, a 1999 evaluation of the non-formal education (NFE) programme shows that NFE learners — more than 70 per cent women — acquire and sustain literacy and numeracy skills. The programme is recognized as an important potential entry point for many important areas, such as ECCD and parenting skills, and new concerns, such as HIV/AIDS education. Demand for the NFE programme is increasing, and the 1999 mid-term review (MTR) acknowledged the need for continued UNICEF assistance to the programme.

7. The rural water supply and sanitation programme was refocused in 1998. The MTR recommended that UNICEF support services to institutions (schools and monastic facilities); place stronger emphasis on promoting behavioural change to reach sanitation and hygiene objectives; and further develop the model village programme, originally pioneered by Helvetas, a Swiss non-governmental organization, in the early 1980s. The Government of Denmark will increase its support to rural water supply to complement the refocusing of UNICEF assistance. A review of the model village programme shows some success in improving sanitation and reducing the incidence of water-borne diseases. Key challenges include expansion beyond the model villages into a wider scale community-based approach, and assurance of programme sustainability through continuous monitoring.

8. The MTR acknowledged that the assessment and analysis of data need to improve further to provide more accurate and updated social indicators of Bhutan's development. There is, however, limited technical capacity in the Government to guide social research. Increasing collaboration among United Nations agencies has demonstrated its potential for enhancing the impact of development interventions and building technical capacity in Government.

Proposed country programme strategy

9. Many of the previous country programme strategies remain valid, but need to be fine-tuned and translated into strategic actions from lessons learned. This will be achieved in close coordination with United Nations agencies through the United Nations Development Assistance Framework (UNDAF) and the current Common Country Assessment. The programme cycles of the United Nations Development Group of agencies are currently synchronized with the Government's five-year development plans. Although the development of the next UNICEF-assisted country programme strategy is slightly ahead of the Government's Ninth Five-Year Plan,

country programme strategies are expected to be consistent with national strategies and UNDAF priorities.

10. The goal of the country programme is to work towards the progressive realization of rights for all children using the principles of the Convention on the Rights of the Child and including non-discrimination, indivisibility (all rights are equal), participation and promotion of greater accountability on the part of the stakeholders. The objectives of the country programme are to support the Government and other partners to: (a) improve the quality of education; (b) increase access to education, with a focus on disparity reduction; (c) address the gaps in child development for children under 18 years of age; and (d) respond to government priorities for youth. The key results expected are: (a) durable mechanisms towards promoting ECCD at household and community levels, and institutional mechanisms to take this to scale; (b) good quality education for all children translated into critical learning of life skills and problem-solving; and (c) contribution towards a happy, healthy and productive youth.

11. Programme strategies will combine a mix of advocacy, support to policy development, capacity-building, community-based approaches and limited service delivery. The strategies are aimed at addressing the needs of children using the life cycle approach. Community-based approaches will be continued as part of a broader strategy to lessen disparities and promote inclusion, and to build on comparative strengths at decentralized levels. Strategies for gender equality will address the gaps identified by the 2001 joint United Nations gender study. Capacity-building will be continued at district and community levels, targeting village health workers, non-formal and formal multigrade education teachers, water committee caretakers and religious practitioners. Training for stakeholders will include new areas such as HIV/AIDS education messages, ECCD and child rights. Limited support to basic services delivery will continue in various sectors, focusing on the remote and marginalized populations.

12. **ECCD and community development**. The ECCD component aims to support policy development in early childhood care (ECC). The programme will provide technical support to analyse the situation and define priority areas for promoting ECC and build the capacity of stakeholders. ECCD will be incorporated in Integrated Management of Childhood Illness interventions, in collaboration with the Ministry of Health and the World Health Organization (WHO). The community development component seeks to expand the model village experience into a more general community-based approach to strengthen public health care activities and introduce ECCD. There will be three components: institutional water supply support; environmental sanitation; and child-based village development. The goal of the water and environmental sanitation component is to improve personal hygiene and environmental sanitation as a step towards achieving the health goals. There will be an emphasis on behavioural change by integrating software (hygiene practices/awareness) with limited hardware support. Programme interventions are aimed at schools and religious institutions where more than one sixth of the population is enrolled. Linkages with the United Nations Development Programme (UNDP) and the World Food Programme (WFP), and the decentralization and community participation of activities will be explored.

13. **Health and nutrition**. The main aim of this programme is to support the Government to reduce infant, under-five and maternal morbidity and mortality, and

malnutrition. With the support of the United Nations Population Fund and WHO, there will be a continued focus on the reproductive years of the woman. The programme will help to build and sustain accountability in health facilities, and measure the progress achieved. Intersectoral interventions will include advocacy through the media and religious bodies on matters related to safe motherhood, the avoidance of early pregnancies, the danger of HIV/AIDS and sexually transmitted diseases. Child survival interventions will target the major causes of child deaths and disease, such as acute respiratory infections, and ensure the continuous supply of basic essential drugs. Immunization interventions will focus on reaching the unreached through outreach campaigns, programme communication, upgrading of health workers' skills, enhanced community follow-up, surveillance and documentation. The programme will continue to assist in resource mobilization to support the provision of vaccines and cold-chain supplies in coordination with the Government's Health Trust Fund. The nutrition component will strengthen policy development through manpower support and activities to reduce protein-energy malnutrition, low birth weight, nutritional anaemia and micronutrient deficiencies.

14. **Basic education**. This programme will contribute to improving the quality of education. The World Bank will invest in the infrastructure and Swiss Development Cooperation/Helvetas will provide technical assistance related to improving education and learning processes for upper primary classes. WFP will provide food assistance to schools. The programme can derive an advantage from UNICEF global information and regional experiences as the only other major international cooperating partner in primary education. A primary task is to influence education policies and assess what children are learning in schools and what improvements are required. The programme will aim to: (a) improve teacher training; (b) provide an enabling environment that is gender-neutral, creative and child-friendly, especially for children with disabilities; and (c) strengthen child-centred learning. Inclusion strategies will use community schools and NFE as the means for girls to regain literacy skills and for adolescents (an expressed government priority) to learn child care and life skills. The programme will collaborate with partners, including the Government of Denmark and UNDP, which are involved with employment strategies.

15. **Policy development, communication and participation**. At the national level, this programme will focus on supporting the development of policies to inform the framework for actions by the Government and other partners. Disaggregated data will be used to improve advocacy, social mobilization and communication to steer the programme in a more rights-based direction and to refine targeting of the disadvantaged and excluded. Focus areas are ECCD, nutrition, improvement of child-centred learning and adolescence (youth participation). Efforts will be made to build the capacity of families, communities and children to encourage behaviour change, and provide support for interacting with the media and other stakeholders, including potential cooperation with the UNDP governance programme. As recommended by the MTR, communications strategies will also create stronger links among programme sectors and activities, particularly in health, child rights, ECCD and adolescence. Multisectoral teams will be formed within the programme office to address cross-cutting components.

16. **Cross-sectoral costs** will enable the programme to sharpen its capacity to monitor and respond to crises brought about by either natural, socio-economic or political causes. There will be a particular focus on ensuring that children's and

women's rights are protected in crisis situations. An integrated monitoring and evaluation plan will be developed. Discussions are under way to develop a joint programme of support, together with other United Nations partners, as part of UNDAF, with a long-term capacity-building objective in this area. UNICEF will cooperate with other partners and the Government in developing a comprehensive database on development goals.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Early childhood care and development and community development	1 041.25	2 250.00	3 291.25
Health and nutrition	1 041.25	2 250.00	3 291.25
Basic education	1 249.50	3 500.00	4 749.50
Policy development, communication and participation	833.00	2 000.00	2 833.00
Cross-sectoral costs	225.00	-	225.00
Total	**4 390.00**	**10 000.00**	**14 390.00**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.